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CONFIRMATION NO. 6449

SERIAL NUMBER 09/921,143	FILING OR 371(c) DATE 08/03/2001 RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 1488.100000N/HCC/PAC	
APPLICANTS Timothy Coleman, Gaithersburg, MD;					
** CONTINUING DATA ***** This appln claims benefit of 60/223,276 08/04/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/27/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MD	SHEETS DRAWING 55	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
ADDRESS 28730					
TITLE VASCULAR ENDOTHELIAL GROWTH FACTOR-2					
FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		